

SERIAL NUMBER 09/457,864	FILING DATE 12/10/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 271122003713
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APPLICANT: LEE A. BULLA, DALLAS, TX.

**ADIV OF 08/880,042 06/20/97**

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED THIS APPLN IS ✓ A CIP OF 08/326,117 10/19/94 PAT 5,693,491  
CMU WHICH IS

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED CMU NONE

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED CMU NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/01/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 19	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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Verified and Acknowledged CMU Examiner's Initials Initials

ADDRESS: KATE H MURASHIGE  
 MORRISON & FOERSTER LLP  
 2000 PENNSYLVANIA AVENUE NW  
 WASHINGTON DC 20006-1888

TITLE: RECEPTOR FOR A BACILLUS THURINGIENSIS TOXIN

FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8156

<b>SERIAL NUMBER</b> 09/457,864	<b>FILING DATE</b> 12/10/1999 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 271122003713	
<b>APPLICANTS</b> LEE A. BULLA, DALLAS, TX;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/880,042 06/20/1997 WHICH IS A CIP OF 08/326,117 10/19/1994 PAT 5,693,491					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/01/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> MORRISON & FOERSTER LLP 3811 VALLEY CENTRE DRIVE SUITE 500 SAN DIEGO, CA 92130-2332					
<b>TITLE</b> RECEPTOR FOR A BACILLUS THURINGIENSIS TOXIN					
<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/01/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 3
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